

UNIFORM COMMERCIAL CODE-FINANCING STATEMENT-FORM UCC-1
IMPORTANT-Read instructions on back before filling out form

FINANCIAL FORMS DEPARTMENT
SUPPLYIT DIAMOND PACKAGING CORP.

This **FINANCING STATEMENT** is presented for filing pursuant to the Nevada Uniform Commercial Code

1. DEBTOR (LAST NAME FIRST) OWEN, KAREN M.	1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-6193
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1B. MAILING ADDRESS P.O. BOX 1784	1C. CITY, STATE GARDNERVILLE, NV	1D. ZIP CODE 89410
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1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 1B) 1980 PALOMINO	1F. CITY, STATE GARDNERVILLE, NV	1G. ZIP CODE 89410
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2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)	2A. SOCIAL SECURITY OR FEDERAL TAX NO.
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2B. MAILING ADDRESS	2C. CITY, STATE	2D. ZIP CODE
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2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)	2F. CITY, STATE	2G. ZIP CODE
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3. DEBTOR(S) TRADE NAME OR STYLE (IF ANY)	3A. FEDERAL TAX NO.
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4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY)	4A. CITY, STATE	4B. ZIP CODE
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5. SECURED PARTY NAME: NEVADA FIRST BANK MAILING ADDRESS: P.O. BOX 1788 CITY: GARDNERVILLE STATE: NV ZIP CODE: 89410	5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0196792
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6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME: MAILING ADDRESS: CITY: STATE: ZIP CODE:	6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
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7. This FINANCING STATEMENT covers the following types or items of property (if crops or timber, include description of real property on which growing or to be grown and name of record owner of such real estate, if fixtures, include description of real property to which affixed or to be affixed and name of record owner of such real estate; if oil, gas or minerals, include description of real property from which to be extracted.

A.P.I. PORTABLE SPA W/COVER #13272 SACRAMENTAN

7A. _____
SIGNATURE OF RECORD OWNER

7C. \$ _____
MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

7B. _____
(TYPE) RECORD OWNER OF REAL PROPERTY

8. Check <input checked="" type="checkbox"/> if Applicable	A <input type="checkbox"/> Proceeds of collateral are also covered	B <input type="checkbox"/> Products of collateral are also covered	C <input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction
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9. Check <input checked="" type="checkbox"/> if Applicable	DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403
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10. <i>Karen M. Owen</i> (Date) 12/30 19 87 KAREN M. OWEN By: _____ SIGNATURE(S) OF DEBTOR(S) (TITLE)	12. This Space for Use of Filing Officer (Date, Time, File Number and Filing Officer) 06639 <i>Nevada First Bank</i> IN THE COUNTY OF CLATSOP OF THE STATE OF OREGON '88 JAN -8 A9:13 SUZANNE BOURGNEAU DEPUTY \$ 5.00 <i>Bh</i> DEPUTY
By: <i>Larry S. Linderick</i> LARRY S. LINDERICK SIGNATURE(S) OF SECURED PARTY (IES) (TITLE) MANAGER	

11. **Return Copy to**

NAME: NEVADA FIRST BANK	ADDRESS: P.O. BOX 1788
CITY, STATE AND ZIP: GARDNERVILLE, NV, 89410	

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THIS SPACE FOR USE OF FILING OFFICER